

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 19890486 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	2					
20	2					
21	1					
22	1					
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43	1					
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45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	2		2			
TOTAL DEP.	2		2			
TOTAL CLAIMS	2		2			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS